

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09/659683

FILING DATE

APPLICANT(S)

9-18-04 9-29-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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12						
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21						
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23						
24						
25						
26						
27	1		1			
28						
29						
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42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	0		0			
TOTAL CLAIMS	1		1			

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS